

U.S. Department of Justice  
United States Marshals Service



**NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND CO**  
United States District Court  
for the  
Western District of Michigan

**FILED - GR**

October 23, 2019 10:41 AM  
CLERK OF COURT  
U.S. DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN  
BY: mkc SCANNED BY: TB

TO: United States Attorneys Office  
330 Ionia, NW  
5th Floor Law Building  
Grand Rapids, MI 49503

Civil Action, File Number 1:19-CV-644

Ronald Sortland

v.

Unknown Colobel-Sing

10/23/19

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and Michigan State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 60 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 21 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

10/02/2019

Date of Signature

**CHRISTOPHER  
ANDRESKI**

Digitally signed by  
CHRISTOPHER ANDRESKI  
Date: 2019.10.01 13:48:19 -04'00'

Signature (USMS Official)

**ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT**

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

UNITED STATES ATTORNEY  
Street WESTERN DISTRICT OF MICHIGAN Box No.  
PO BOX 208  
GRAND RAPIDS, MI 49501-0208  
City, State and Zip Code

Signature

Paralyzed Specialist  
Relationship to Entity/Authority to Receive

Summons + Complaint  
Service of Process

Date of Signature

Copy 1 - Clerk of Court  
Copy 2 - United States Marshals Service  
Copy 3 - Addressee  
Copy 4 - USMS District Suspense



U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
 See "Instructions for Service of Process by U.S. Marshal"

|  |  |
|--|--|
| PLAINTIFF<br>Ronald Sortland                 | COURT CASE NUMBER<br>1:19-cv-00644     |
| DEFENDANT<br>Commissioner of Social Security | TYPE OF PROCESS<br>Summons & Complaint |

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Office of the Attorney General, Department of Justice  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 950 Pennsylvania Avenue, NW, Washington, DC 20530

|  |   |   |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW                 | Number of process to be served with this Form 285 | 1 |
| Ronald D. Sortland<br>1016 Lausman Drive<br>St. Joseph, MI 49085<br>(269) 983-2987 | Number of parties to be served in this case       | 3 |
| Virginia Sortland<br>1016 Lausman Drive<br>St. Joseph, MI 49085                    | Check for service on U.S.A.                       | X |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

|   |  |                  |      |
|---|--|------------------|------|
| Signature of Attorney other Originator requesting service on behalf of: | <input type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE |
|---|--|------------------|------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

|   |                    |                               |                              |   |                    |
|---|--------------------|-------------------------------|------------------------------|---|--------------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only for USM 285 if more than one USM 285 is submitted) | Total Process<br>1 | District of Origin<br>No. 040 | District to Serve<br>No. 040 | Signature of Authorized USMS Deputy or Clerk<br>CHRISTOPHER ANDRESKI<br>Digitally signed by CHRISTOPHER ANDRESKI<br>Date: 2019.10.21 13:32:02 -04'00' | Date<br>10/23/2019 |
|---|--------------------|-------------------------------|------------------------------|---|--------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

|  |  |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above)       | Date<br>10/23/19   |
|  | Time<br><input type="checkbox"/> am<br><input type="checkbox"/> pm   |
|  | Signature of U.S. Marshal or Deputy<br>  |

|             |   |                         |                   |                  |   |
|-------------|---|-------------------------|-------------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee<br>27.05 | Total Charges<br> | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*)<br>\$0.00 |
|-------------|---|-------------------------|-------------------|------------------|---|

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
 See "Instructions for Service of Process by U.S. Marshal"

|                                    |  |
|------------------------------------|--|
| PLAINTIFF<br>Ronald Sortland       | COURT CASE NUMBER<br>1:19-cv-644       |
| DEFENDANT<br>Unknown Colobel-Singn | TYPE OF PROCESS<br>Summons & Complaint |

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 Unknown Colombel-Singh  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Social Security Field Office 455 Bond Street Benton Harbor, MI 49022

|  |   |   |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW                 | Number of process to be served with this Form 285 | 1 |
| Ronald D. Sortland<br>1016 Lausman Drive<br>St. Joseph, MI 49085<br>(269) 983-2987 | Number of parties to be served in this case       | 3 |
| Virginia Sortland<br>1016 Lausman Drive<br>St. Joseph, MI 49085                    | Check for service on U.S.A.                       | X |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

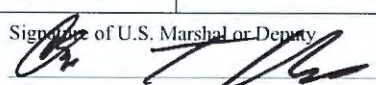
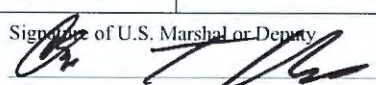
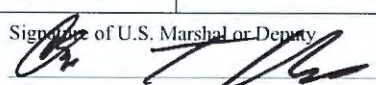
|   |  |                  |      |
|---|--|------------------|------|
| Signature of Attorney other Originator requesting service on behalf of: | <input type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE |
|---|--|------------------|------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

|   |                    |                               |                              |   |                    |
|---|--------------------|-------------------------------|------------------------------|---|--------------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only for USM 285 if more than one USM 285 is submitted) | Total Process<br>1 | District of Origin<br>No. 040 | District to Serve<br>No. 040 | Signature of Authorized USMS Deputy or Clerk<br>CHRISTOPHER ANDRESKI<br><small>Digitally signed by CHRISTOPHER ANDRESKI<br/>Date: 2019.10.21 13:41:53 -04'00'</small> | Date<br>10/23/2019 |
|---|--------------------|-------------------------------|------------------------------|---|--------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

|  |   |                  |  |  |  |
|--|---|------------------|--|--|--|
| Name and title of individual served (if not shown above)   | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode  |                  |  |  |  |
| Address (complete only different than shown above)   | <table border="1"> <tr> <td>Date<br/>10/23/19</td> <td>Time<br/><input type="checkbox"/> am<br/><input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy<br/></td> </tr> </table> | Date<br>10/23/19 | Time<br><input type="checkbox"/> am<br><input type="checkbox"/> pm | Signature of U.S. Marshal or Deputy<br> |  |
| Date<br>10/23/19   | Time<br><input type="checkbox"/> am<br><input type="checkbox"/> pm  |                  |  |  |  |
| Signature of U.S. Marshal or Deputy<br> |   |                  |  |  |  |

|             |   |                         |                    |                  |   |
|-------------|---|-------------------------|--------------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee<br>27.05 | Total Charges<br>Q | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*)<br>\$0.00 |
|-------------|---|-------------------------|--------------------|------------------|---|

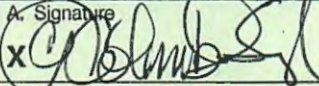

REMARKS:

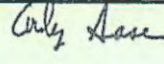

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Colombel-Singh C. Date of Delivery 10/7/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>USM-WMI*19OCT16PM 2:12</p>   |
| <p>1. Article Addressed to:</p> <p>UNKNOWN Colombel-Singh<br/>Social Security Field Office<br/>455 Bond Street<br/>Benton Harbor, MI 49022</p>  <p>9590 9402 4223 8121 5251 79</p>     | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7018 0040 0000 5790 9703</p>   |   |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 1:19-CV-644 Domestic Return Receipt   |   |

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>     | <p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Carly Lane C. Date of Delivery 10/8/19</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>USM-WMI*19OCT16PM 2:13</p>  |
| <p>1. Article Addressed to:</p> <p>Office of the Attorney General<br/>Department of Justice<br/>950 Pennsylvania Ave, NW<br/>Washington, DC 20530</p>  <p>9590 9402 3078 7124 7181 87</p> | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®<br/> <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™<br/> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery<br/> <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™<br/> <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> |
| <p>2. Article Number (Transfer from service label)</p> <p>7018 0040 0000 5790 9697</p>   |   |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 1:19-CV-644 Domestic Return Receipt   |   |